



Georgia Department of Motor Vehicle Safety

1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354

(888) 774-1459 • (404) 675-6072 • DriverEd@gadmvs.com

Driver Education Instructor License Application

(Please read carefully and complete application – Print in black or type – Reference back page for required documents/fees)

I am Applying for: ☐ Original ☐ Renewal ☐ Transfer

Name of Driver Training School of Employment				School License #	
Name of Applicant:					
First Name		Middle Name		Last Name	
Street Address or R.F.D. and box #		City	County	State	Zip Code
Height	Weight	Sex	DOB (MM/DD/YY)	Restrictions	
Social Security # (for driver licensing/registration purposes only)			Work Phone #	Home Phone #	

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Driver's Education Endorsement? If Yes, from what accredited college/university? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has your driver's license or privilege to operate a motor vehicle ever been revoked, suspended, cancelled, or refused in this or any other state or D.C.? If yes, when (date) _____ and where (state) _____.
<input type="checkbox"/>	<input type="checkbox"/>	Have you held a driver's license for the last three (3) consecutive years?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any violations of the law, including traffic violations? If Yes, please explain on a separate sheet.
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed by the State of Georgia? If Yes, what agency? _____.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a professional instructor's license? If Yes, previous school employed by: _____

Certification of Signatory(s)

It is illegal for anyone to give false or fictitious information for Driver Education Instructors License. Since this certification is considered part of the application, anyone who provides or certifies to false or fictitious statements or information herein may be prosecuted and/or have his or her license cancelled.

Applicant Certification

I certify, under penalty of perjury, that the statements are true and correct. I am familiar with the Georgia and Motor Vehicle licensing laws and regulations concerning the conduct of driver education instructors. I understand this license is only valid while I am employed with this licensed driver education school.

Applicant's Signature	Date
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Please send the completed application, documents and fees to the address above



DMVS USE ONLY																	
Required Documents/Fees (check off as received)																	
Original		Renewal		Transfer													
✓	Document/Fee	✓	Document/Fee	✓	Document/Fee												
<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.	<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.	<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.												
<input type="checkbox"/>	Physical Examination Certificate <u>and</u> Laboratory Report (DE-05): Every instructor shall present, as a prerequisite to licensure, a certificate signed by a doctor of medicine legally licensed to practice medicine in Georgia. Such certificate and laboratory report shall indicate that said person is not disqualified from performing the duties of a driving instructor by reason of any mental or physical disease or condition or any communicable or contagious disease. Physical examination must be taken within thirty (30) days of filing application.	<input type="checkbox"/>	Physical Examination Certificate <u>and</u> Laboratory Report (DE-05): Every instructor shall present, as a prerequisite to licensure, a certificate signed by a doctor of medicine legally licensed to practice medicine in Georgia. Such certificate and laboratory report shall indicate that said person is not disqualified from performing the duties of a driving instructor by reason of any mental or physical disease or condition or any communicable or contagious disease. Physical examination must be taken within thirty (30) days of filing application.	<input type="checkbox"/>	Physical Examination Certificate <u>and</u> Laboratory Report (DE-05): Every instructor shall present, as a prerequisite to licensure, a certificate signed by a doctor of medicine legally licensed to practice medicine in Georgia. Such certificate and laboratory report shall indicate that said person is not disqualified from performing the duties of a driving instructor by reason of any mental or physical disease or condition or any communicable or contagious disease. Physical examination must be taken within thirty (30) days of filing application.												
<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of five (\$5.00) dollars payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!	<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of five (\$5.00) dollars payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!	<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of five (\$5.00) dollars payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!												
<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).	<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).	<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).												
<input type="checkbox"/>	One (1) notarized statement from the owner or operator of the school that the applicant is or will be employed by the school. <u>Must</u> be on school's letterhead.	<input type="checkbox"/>	One (1) notarized statement from the owner or operator of the school that the applicant is or will be employed by the school. <u>Must</u> be on school's letterhead.	<input type="checkbox"/>	One (1) notarized statement from the owner or operator of the school that the applicant is or will be employed by the school. <u>Must</u> be on school's letterhead.												
<input type="checkbox"/>	One (1) set (2 cards) of fingerprints of each of the right and left hands, accompanied by an AFFIDAVIT (DE-04) from a state, county or city officer qualified to make such fingerprints that the fingerprints are those of the applicant.	<div style="border: 1px solid black; padding: 5px;"> Comments: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30px; background-color: #f2f2f2;">✓</th> <th style="background-color: #f2f2f2;">Tasks to Complete (check off as completed)</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Accurately Fill out Application</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Turn in Required Documents</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pass Instructor Examination(s) (if applicable)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pass Background Check/Physical Exam</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pay Required Fees</td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Approve <input type="checkbox"/> Reject </div> </div>				✓	Tasks to Complete (check off as completed)	<input type="checkbox"/>	Accurately Fill out Application	<input type="checkbox"/>	Turn in Required Documents	<input type="checkbox"/>	Pass Instructor Examination(s) (if applicable)	<input type="checkbox"/>	Pass Background Check/Physical Exam	<input type="checkbox"/>	Pay Required Fees
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<input type="checkbox"/>	Pass Background Check/Physical Exam																
<input type="checkbox"/>	Pay Required Fees																
<input type="checkbox"/>	A \$24.00 money order or cashier's check made payable to Georgia Bureau of Investigation (G.B.I.). No Personal Checks Please!																
<input type="checkbox"/>	Examination fee of twenty-five (\$25.00) dollars by certified check, cashier's check or money order payable to <u>Department of Motor Vehicle Safety</u> , which fee shall not be refundable. Fee not required if applicant has the necessary college credits in driver education and traffic safety and does not have to take examination. No Personal Checks Please!																
<input type="checkbox"/>	Official transcript from a college or university indicating that applicant has earned such college credits as may be required by law (Driver Education Endorsement), for exemption of instructor examination only. College credits are not necessary to obtain an instructor's license, but are an alternative route to taking the instructor examination.																

Instructor License # _____ Classroom and Behind-the-Wheel

Issue Date _____

Expiration Date _____

DMVS Driver Education Agent's Signature _____

Date _____